

Name

In

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Samuel L. Acworth  
 Died at <sup>Town</sup> Fruitland <sup>County</sup> Wicomico **MARYLAND**  
 Date of death 1906 <sup>Month</sup> Dec. <sup>Day</sup> 16<sup>th</sup> Age <sup>Years</sup> 56 <sup>Months</sup> <sup>Days</sup> 29  
 Sex Male Color or Race White Birth-place Maryland  
 Occupation Mechanic Where Residing if not at place of death  
 Married, Single or Widowed Married Name of Wife or Husband Sarah E. Acworth  
 Father's Name Perry Acworth Father's Birthplace Maryland  
 Mother's Maiden Name Caroline Marshall Mother's Birthplace "  
 Name of person giving information Mrs. L. V. Moore How related to deceased Daughter

## CAUSES OF DEATH

Primary ~~Arteriosclerosis~~ <sup>Arteriosclerosis</sup> How long Some years  
 Immediate ~~Arteriosclerosis~~ <sup>Arteriosclerosis</sup> How long Immediate  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician J. M. Davis  
 Address Salisbury, Md  
 Accident or Suicide? No (over)

I saw this man only once  
Nov. 28, 1906 and found his  
condition such that report on other  
side is about as correct as can  
be gotten. No physician has  
seen him since.

J. M. Dick

Name  
In  
Full

Elizabeth M. Aikman

## CERTIFICATE OF DEATH

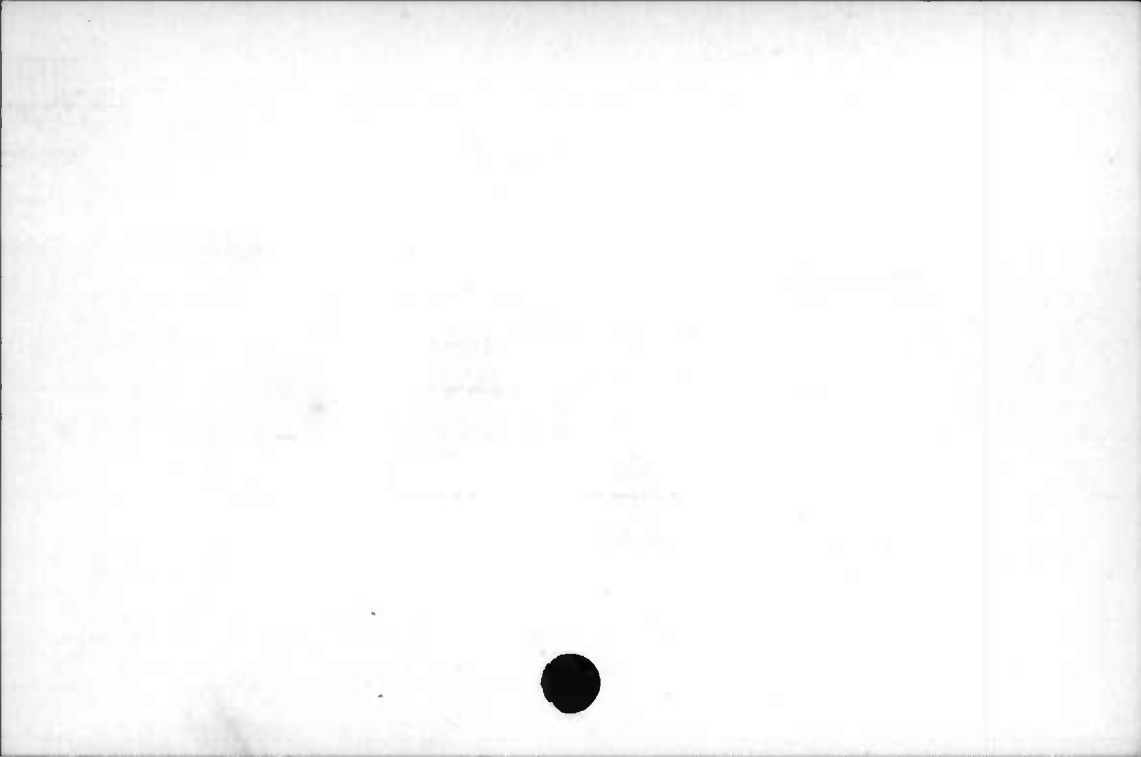
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec.</i>	Day <i>9<sup>th</sup></i>	Age <i>79</i> Years	Months <i>1</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Sewing</i>	Where Residing if not at place of death				
Married, <del>Single</del> <i>Divorced</i>	Name of <del>Wife</del> <i>William Seward</i> Husband				
Father's Name <i>William Aikman</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Eleanor Moore</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Miss Sarah J. Aikman</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Indigestion &amp; Cardiac Trouble</i>	How long <i>2 days</i>
Immediate <del>Heart</del> <i>Probably Heart Failure - Sudden</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. M. Stearns</i>
	Address
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

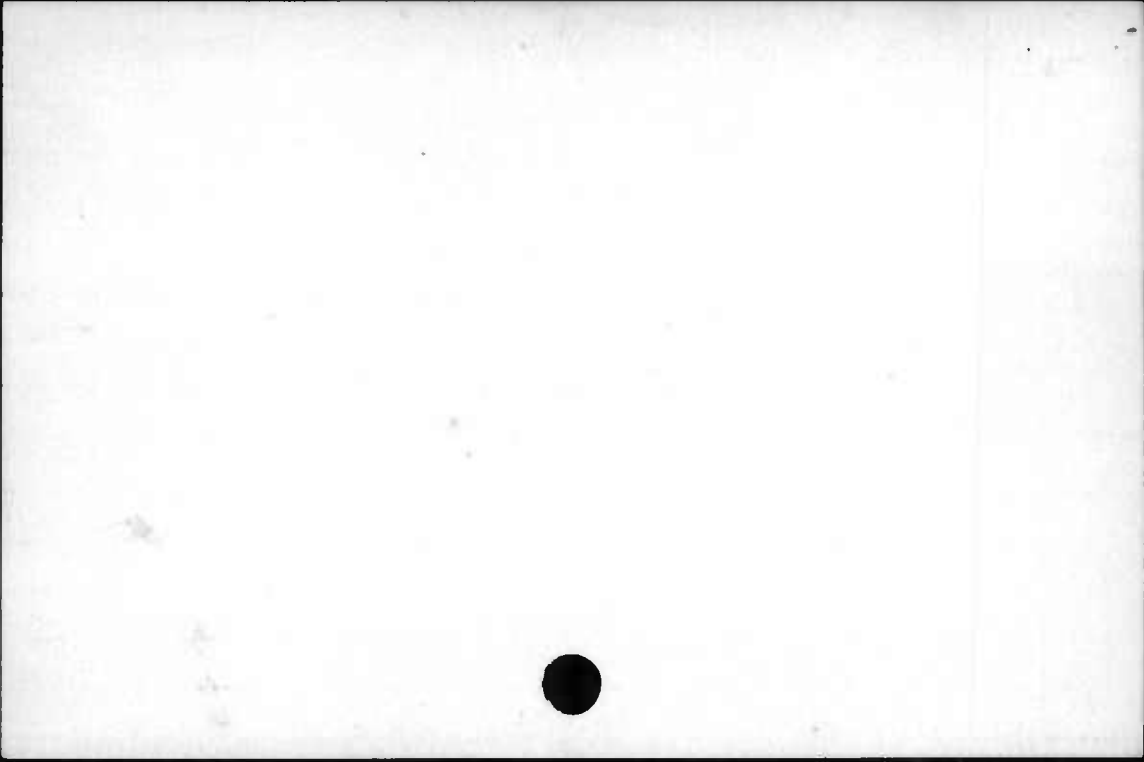
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1906	Month	12	Day	18
Age	66	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Berlin End
Occupation	Captain	Where Residing if not at place of death	Berlin End		
Married, Single or Widowed	Married	Name of Wife or Husband	Miss M. J. Taylor		
Father's Name	Solomon	Berlin	Father's Birthplace	End	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	J. E. Wise		How related to deceased	(X) (X) (X) (X)	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carcinoma liver, colon, & pyloric end stomach	How long	1 yr
Immediate	Pulmonary edema	How long	7 or hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. Curtis
		Address	Salisbury, Maryland
Accident or Suicide?	no		



Name  
in  
Full

Charlie Betthards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hebron* Town *Wicomico* County

Date of death *1906* Month *2* Day *17* Age *one* Years Months *4* Days *12*

Sex *male* Color or Race *white* Birth-place *md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

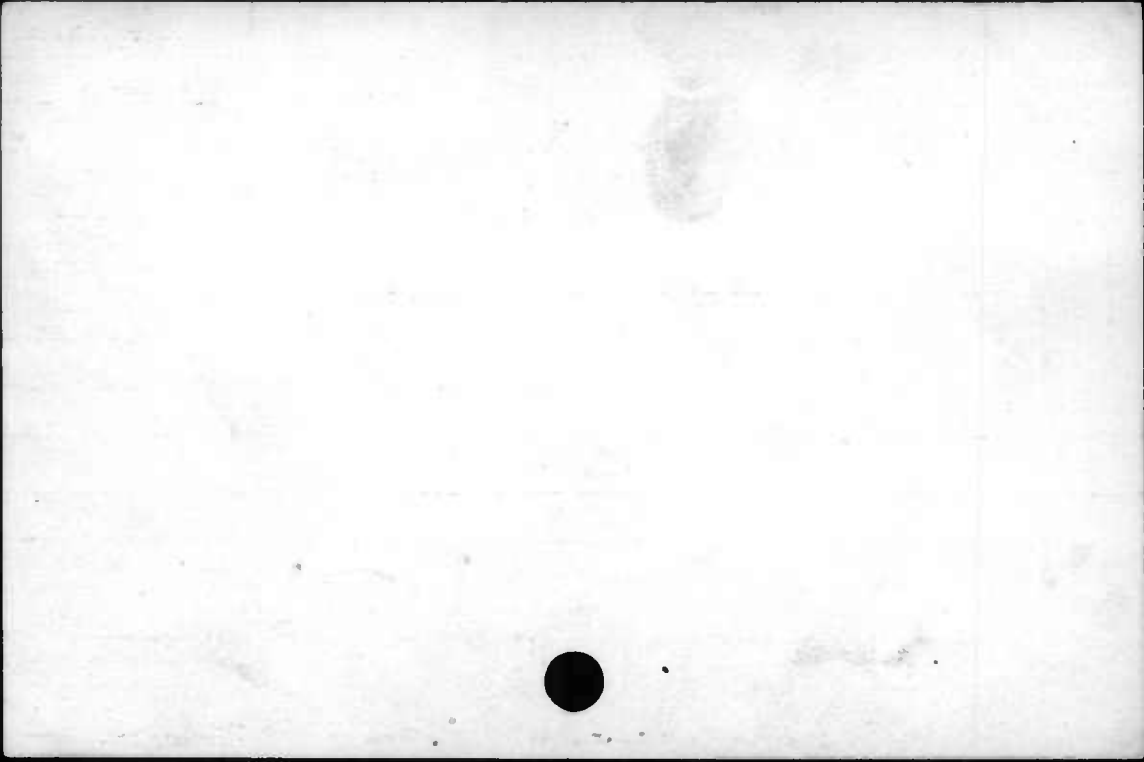
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Edward Alexander Brewington

Died at <sup>Town</sup> SalisburyCounty <sup>County</sup> Wicomico

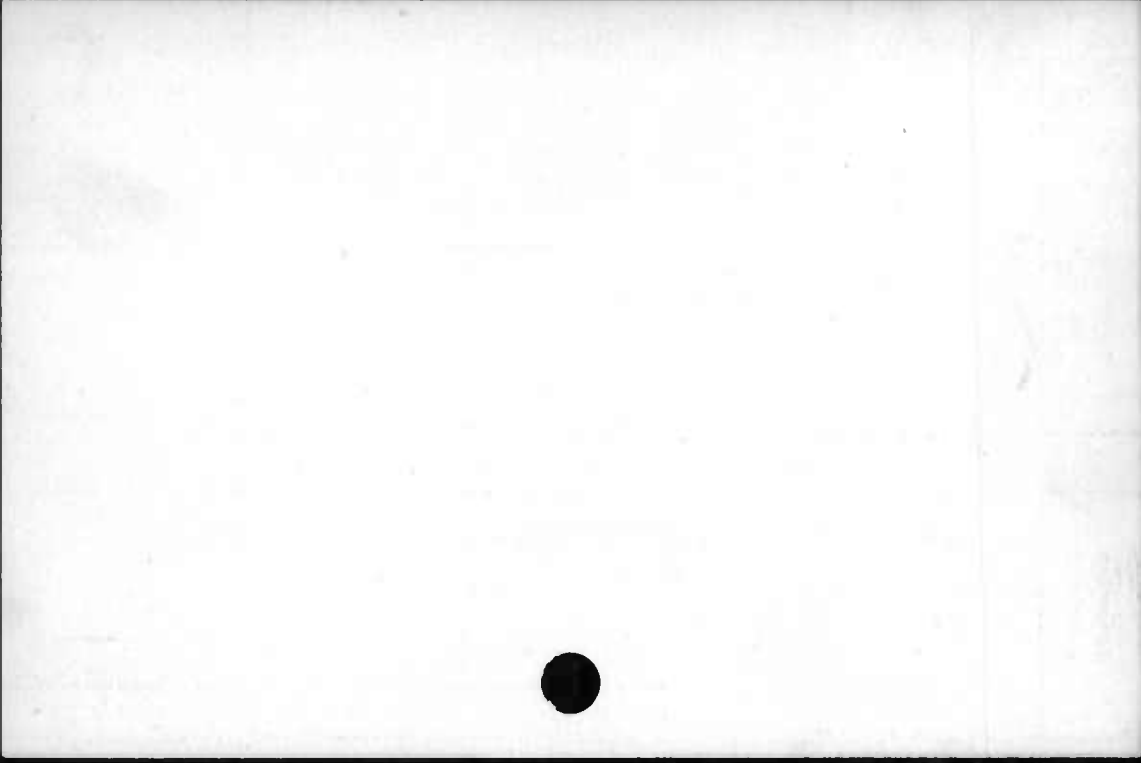
MARYLAND

Date of death 1906 <sup>Month</sup> Dec. <sup>Day</sup> Thursday <sup>Years</sup> 20 <sup>Months</sup> 9 <sup>Days</sup>Sex <sup>Male</sup> Color or Race <sup>White</sup> Birth-place <sup>Silviam Md</sup>Occupation <sup>Sailor</sup> Where Residing if not at place of death <sup>Salisbury</sup>Married, Single or Widowed <sup>single</sup> Name of Wife or HusbandFather's Name <sup>E. A. Brewington</sup> Father's Birthplace <sup>Allen Md</sup>Mother's Maiden Name <sup>Georgis Kilapille</sup> Mother's Birthplace <sup>Pockawong Md</sup>Name of person giving information <sup>J. M. Brewington</sup> How related to deceased <sup>Brother</sup>

## CAUSES OF DEATH

Primary <sup>Typhoid fever</sup> How long <sup>3 or 4 weeks</sup>Immediate <sup>Toxemia</sup> How longAre the name, age, sex, color, date and place correctly given above? <sup>yes</sup> Signature of Physician <sup>Louis W. Morris M.D.</sup>Address <sup>Salisbury Md</sup>

Accident or Suicide?



Name

In  
Full

## CERTIFICATE OF DEATH

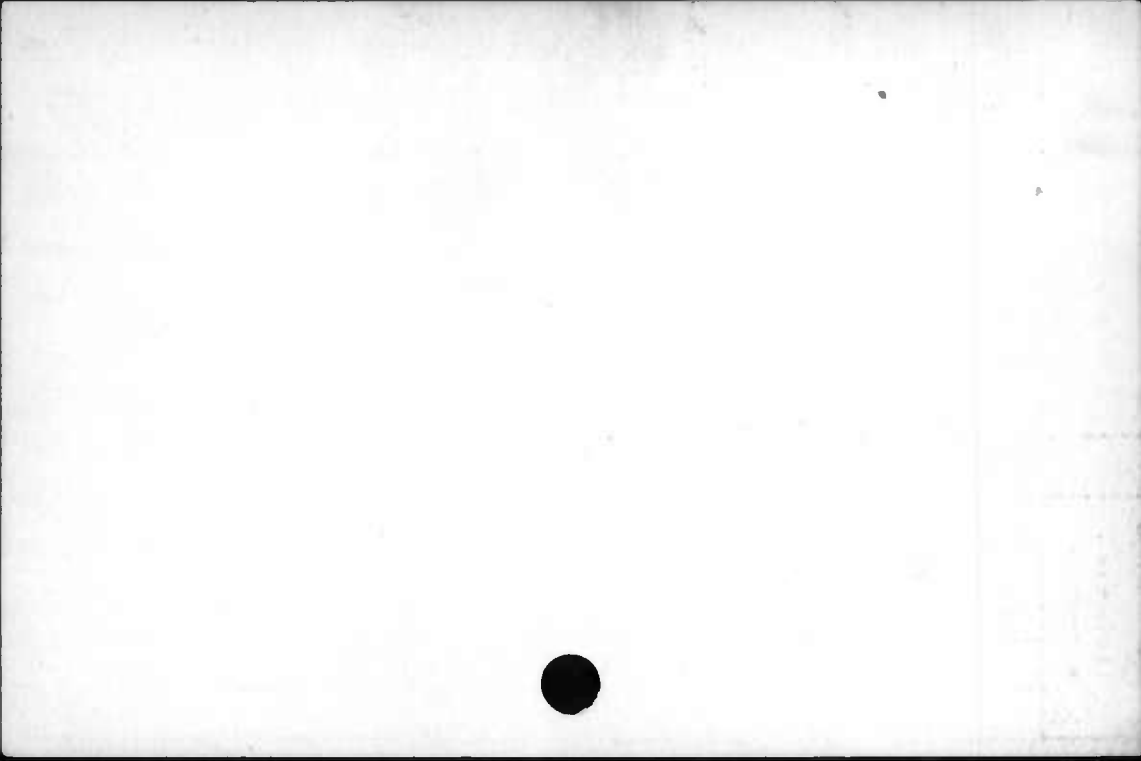
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Haven</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>25</i>	Age <i>16</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Barber</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Frank Bloodsworth</i>			Father's Birthplace <i>"</i>		
Mother's Maiden Name <i>Susan Pasmer</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Frank Bloodsworth</i>			How related to deceased <i>Father</i>		

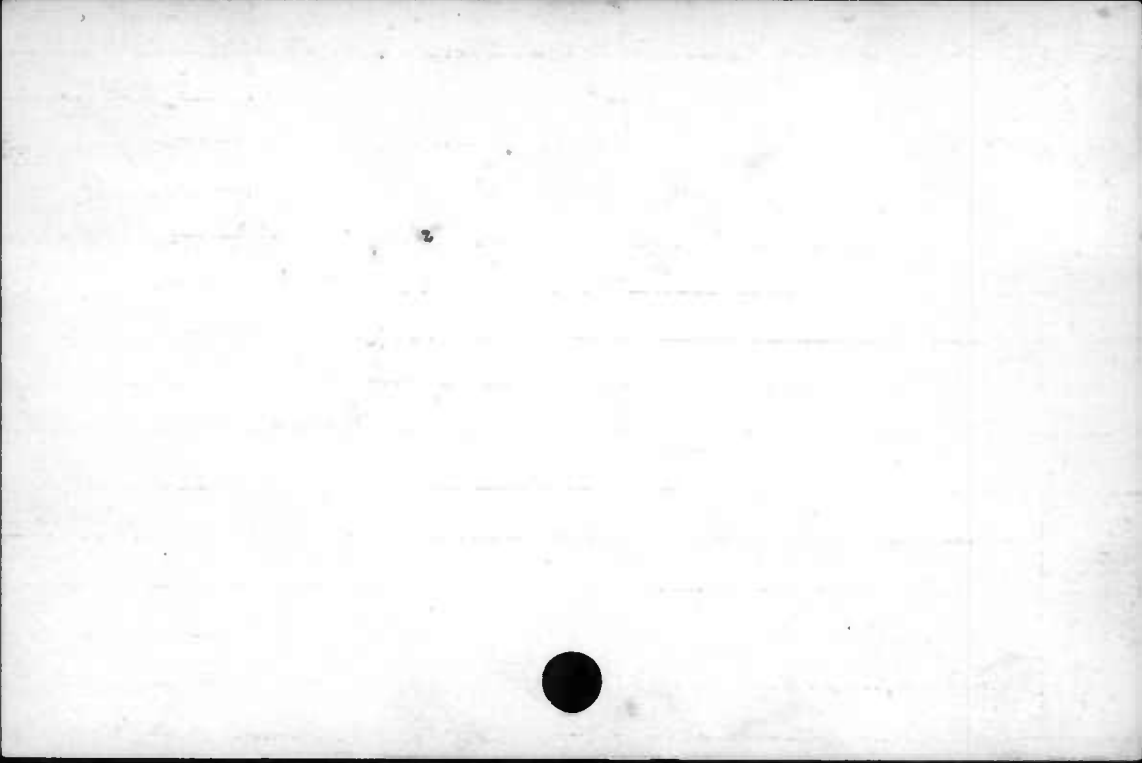
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Remittent Fever</i>	How long
Immediate <i>Typhoid</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Drs. Nathan Bishop</i>
	Address <i>White Haven &amp; Nanticoke Md</i>
Accident or Suicide?	



Name in Full		Greene Burkhead				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hebron</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND			
	Date of death	<u>1906</u>	Month	<u>Dec.</u>	Day	<u>5</u>	Age	<u>32</u>
	Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Mardella Springs</u>			
	Occupation <u>Housewife</u>		Where Residing if not at place of death <u>7 Hebron</u>					
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>John E. Burkhead</u>					
	Father's Name <u>Dennis Dickson</u>		Father's Birthplace <u>Mardella Springs</u>					
	Mother's Maiden Name <u>Lidia Dickson</u>		Mother's Birthplace <u>" "</u>					
	Name of person giving information <u>J. E. Burkhead</u>		How related to deceased <u>Husband</u>					
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary		<u>Tuberculosis</u>			How long <u>2 years</u>		
	Immediate		<u>General Debility</u>			How long <u>" "</u>		
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician <u>H. B. Conway</u>			
					Address <u>Hebron Md.</u>			
Accident or Suicide? <u>no</u>								



Name  
in  
Full

## CERTIFICATE OF DEATH

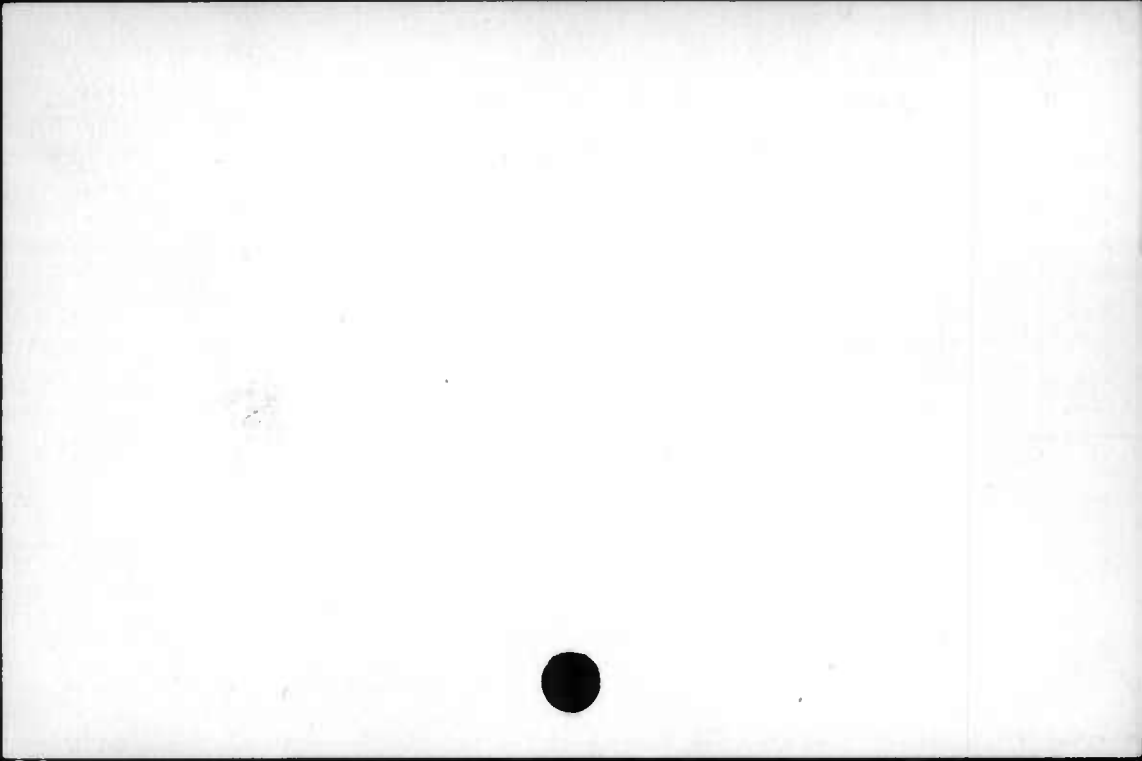
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary E Davis</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Aug 25</i>		<i>31</i>		<i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Med</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>new Pocomoke Md</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Slonzo E Davis</i>					
Father's Name <i>William Talghman</i>		Father's Birthplace <i>Med</i>					
Mother's Maiden Name <i>Joseph Hubbard</i>		Mother's Birthplace <i>Med</i>					
Name of person giving information <i>Slonzo E Davis</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>acute appendicitis with toxins of</i>	How long	<i>0 days</i>
Immediate	<i>peritonitis</i>	How long	<i>two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Davis</i>
		Address	<i>Salisbury, Md</i>
Accident or Suicide?	<i>no</i>		





Name  
in  
Full

Sally A Davis

## CERTIFICATE OF DEATH

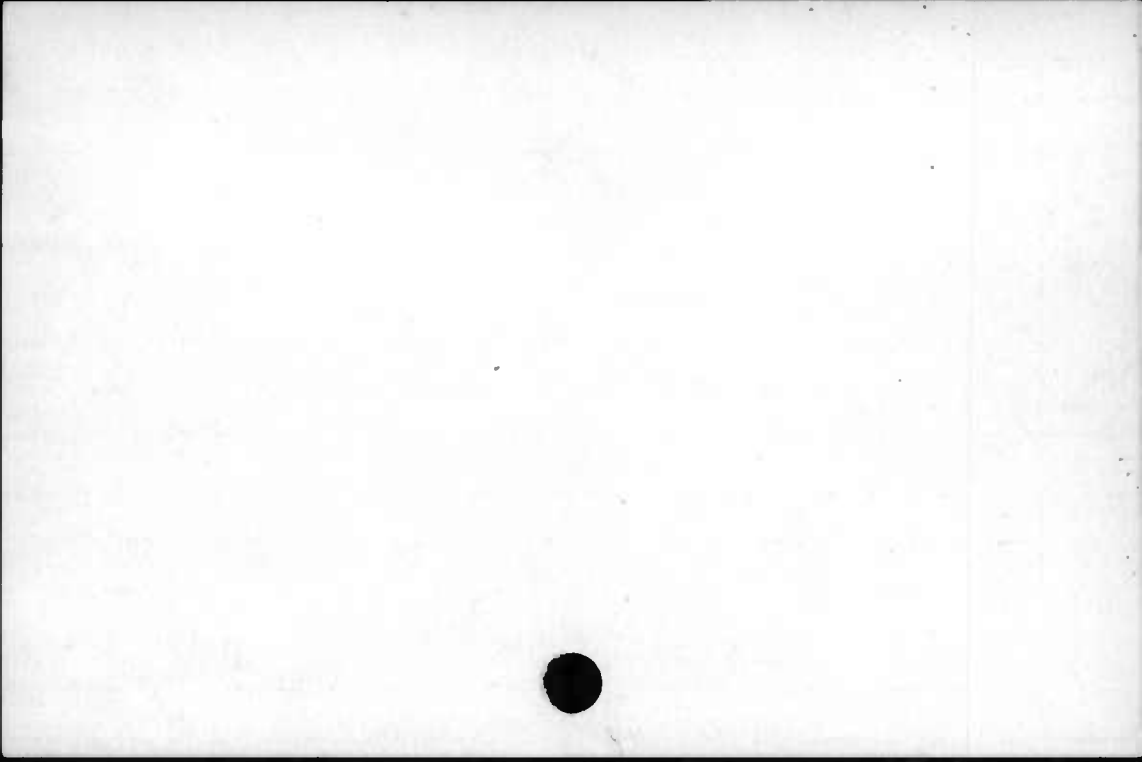
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hebron</i> Town		County <i>Wicomico</i>		MARYLAND	
Date of death	1906	Month	Dec.	Day	16
Age		Years	22	Months	
Sex	Female	Color or Race	White	Birth-place	Hebron
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Benjamin F. Davis			Father's Birthplace	Wicomico
Mother's Maiden Name	Ester Harrie			Mother's Birthplace	
Name of person giving information	"			How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	General Debility	How long 8 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

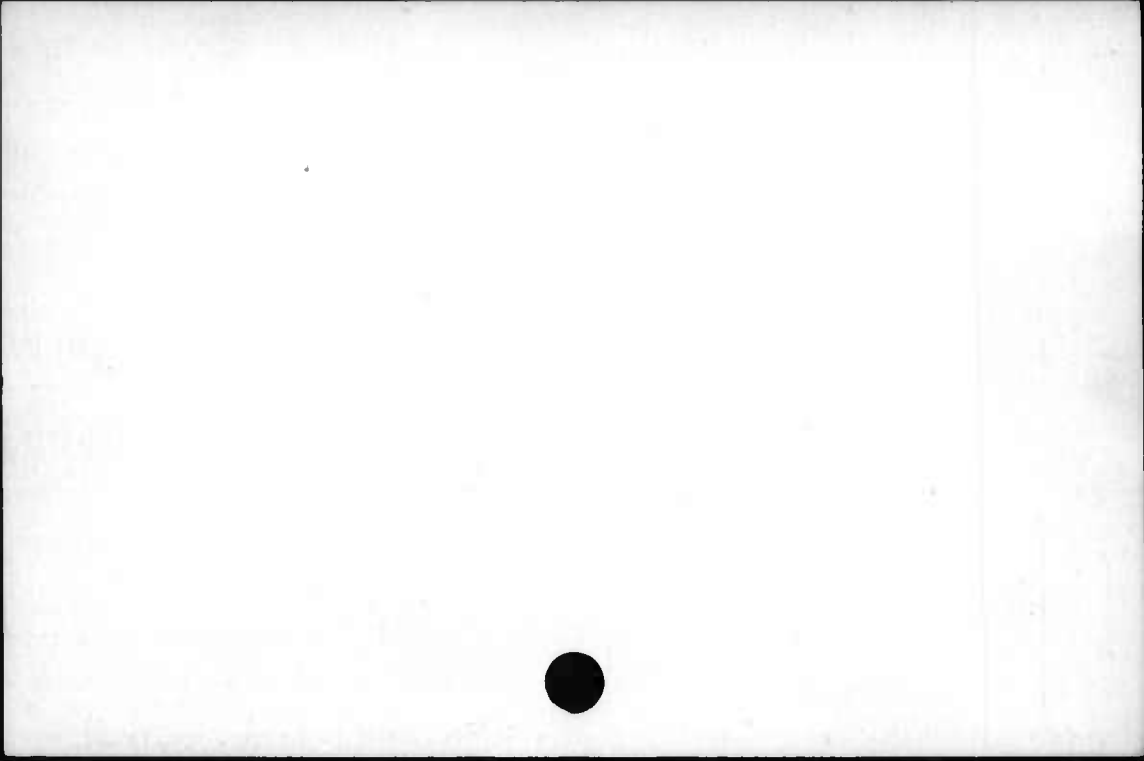
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Jennie English</i>		Town <i>Needing Grove</i>		County <i>McCombs</i>		MARYLAND					
Died at		Month <i>12</i>		Day <i>26</i>		Years <i>45</i>		Months <i>4</i>		Days <i>0</i>	
Date of death <i>1904</i>		Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Md</i>					
Occupation <i>Lady</i>				Where Residing if not at place of death							
Married, <del>Single</del> <i>or Widowed</i>				Name of Wife or Husband <i>Benjamin H. English</i>							
Father's Name <i>Curtis Russell</i>				Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Emma Bradley</i>				Mother's Birthplace <i>Md</i>							
Name of person giving information <i>(Mother)</i>				How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>		How long <i>2 months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>(Y Ed)</i>		Address <i>J. L. English coroner</i>	
Accident or Suicide?		<i>Mardela spga. Md.</i>	



Name  
In  
Full

*Bara Fitchett*

CERTIFICATE OF DEATH

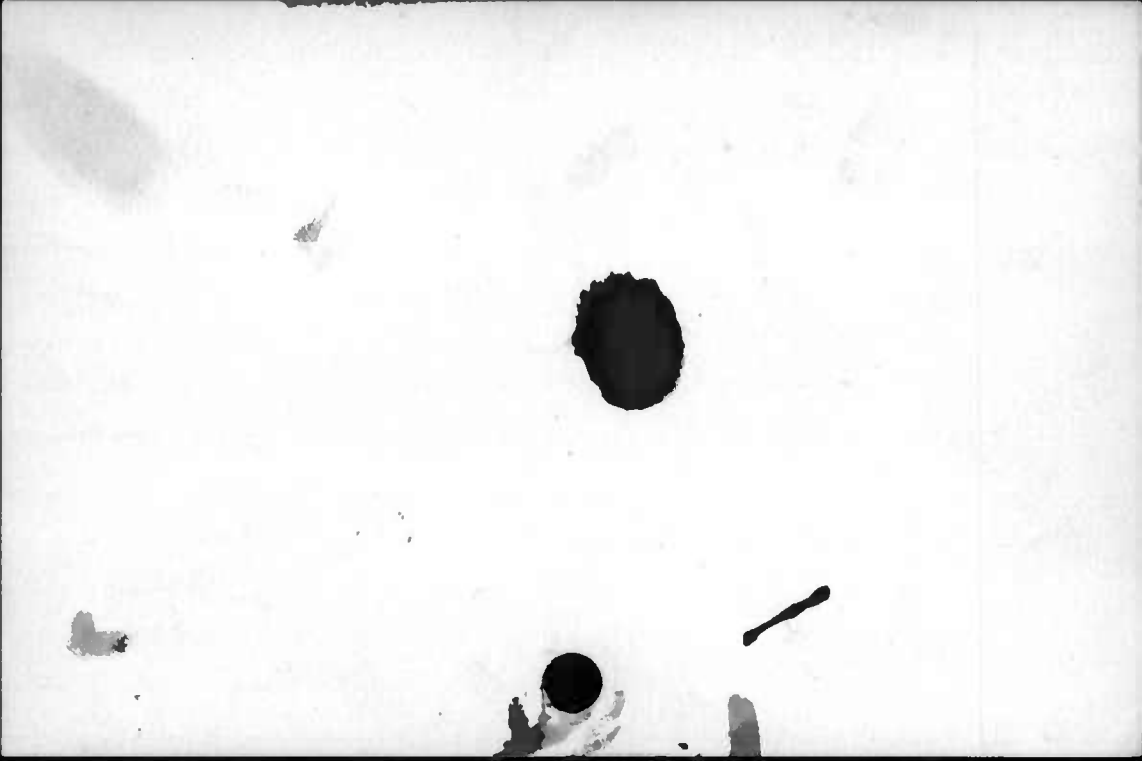
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Nelson</i> Town		<i>McComas</i> County		MARYLAND	
Date of death <i>1906</i>	<i>December</i> Month	<i>16</i> Day	Age <i>6</i> Years	<i>One</i> Months	<i>12</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Nelson</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>+</i>			Name of Wife or Husband		
Father's Name <i>Mr. S. Fitchett</i>			Father's Birthplace		
Mother's Maiden Name <i>Isabelle Fitchett</i>			Mother's Birthplace		
Name of person giving information <i>Friend</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Membranous croup</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. B. Conway</i>
	Address <i>Hebron Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND		
	Date of death	<i>1906</i>	Month <i>Dec</i>	Day <i>14</i>	Age <i>85</i> Years	<i>3</i> Months	<i>4</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Md</i>		
	Occupation				Where Residing if not at place of death		
	<del>Married</del> or Widowed		Name of <del>Wife</del> or Husband <i>Elisha Holloway, dec</i>				
	Father's Name <i>Samuel McGee</i>				Father's Birthplace <i>Md</i>		
	Mother's Maiden Name <i>Anna Laws</i>				Mother's Birthplace <i>Md</i>		
Name of person giving information <i>S of R Holloway</i>				How related to deceased <i>Son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Infantile of age 3 Nephritic Colic</i>				How long <i>12</i> <i>10 days</i>		
	Immediate <i>Inanition</i>				How long <i>3 or 4 days</i>		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>F. M. Clemmons</i>		
					Address <i>Salisbury Md</i>		
Accident or Suicide?							





Name  
in  
Full

Edmund D Hughes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Wicomico County

Date of death 1906 Dec Month 21 Day 47 Years 6 Months 11 Days

Sex male Color or Race White Birth-place South Wales

Occupation Salesman Where Residing If not at place of death

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or ~~Husband~~ Mary A Hughes

Father's Name Henry Hughes Father's Birthplace South Wales

Mother's Maiden Name We not know Mother's Birthplace

Name of person giving information Harry D Hughes How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

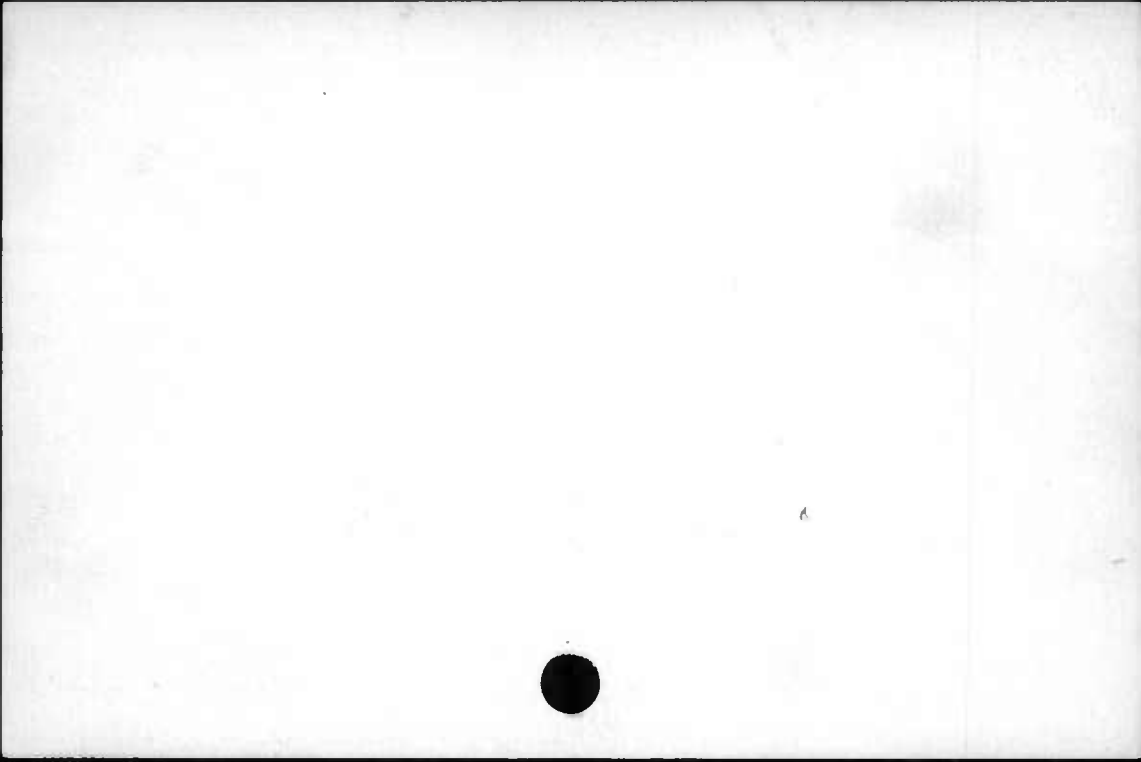
Primary Alcohol 56 How long month

Immediate Meningitis How long week or ten days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo. H. Todd

Address Salisbury Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

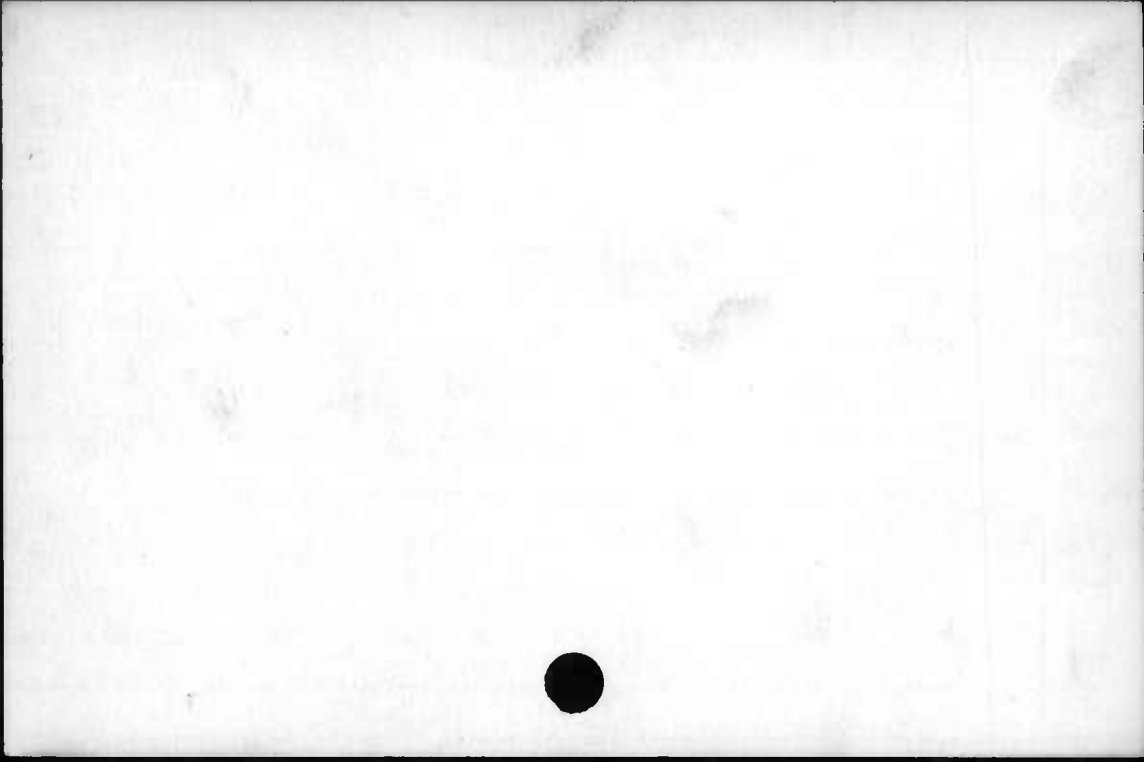
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mardela</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>13</i>	Years <i>57</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marry F Emms</i>				
Father's Name <i>Joshua Johnson</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sarah A. Johnson</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Marry Johnson</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Eudocymitis</i>	How long <i>??</i>
Immediate <i>Cardiac Failure</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Enderice</i>
	Address <i>Mardela Springs Ind</i>
Accident or Suicide?	



Name  
in  
Full

Leetitia Noble

## CERTIFICATE OF DEATH

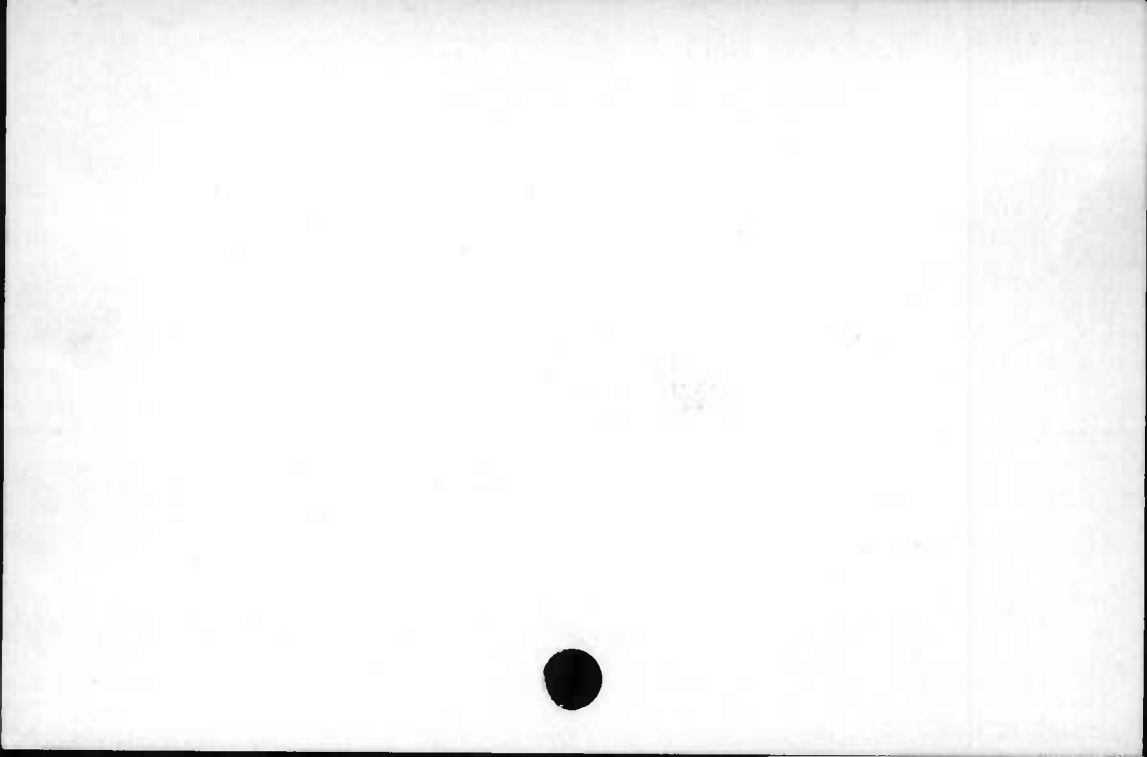
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>26<sup>th</sup></i>	Age <i>About 60</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Near Fruitland Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Noble</i>				
Father's Name <i>George Gale</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>[scribble]</i>	Name of person giving information <i>John Noble</i>				
How related to deceased <i>Husband</i>			<i>64</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>arterio-sclerosis</i>	How long <i>4 minutes</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Parker

Died at Salisbury Town

Wicomico County

MARYLAND

Date of death 1906 Dec

7 Day

Age 55 Years

Months

Days

Sex male

Color or Race

Black

Birth-place

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Mary A Parker

Father's Name

Wm. R. Parker

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

John R. Pinckney

How related to deceased

Son in law

## CAUSES OF DEATH

Primary

Phthisis

How long

about 1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

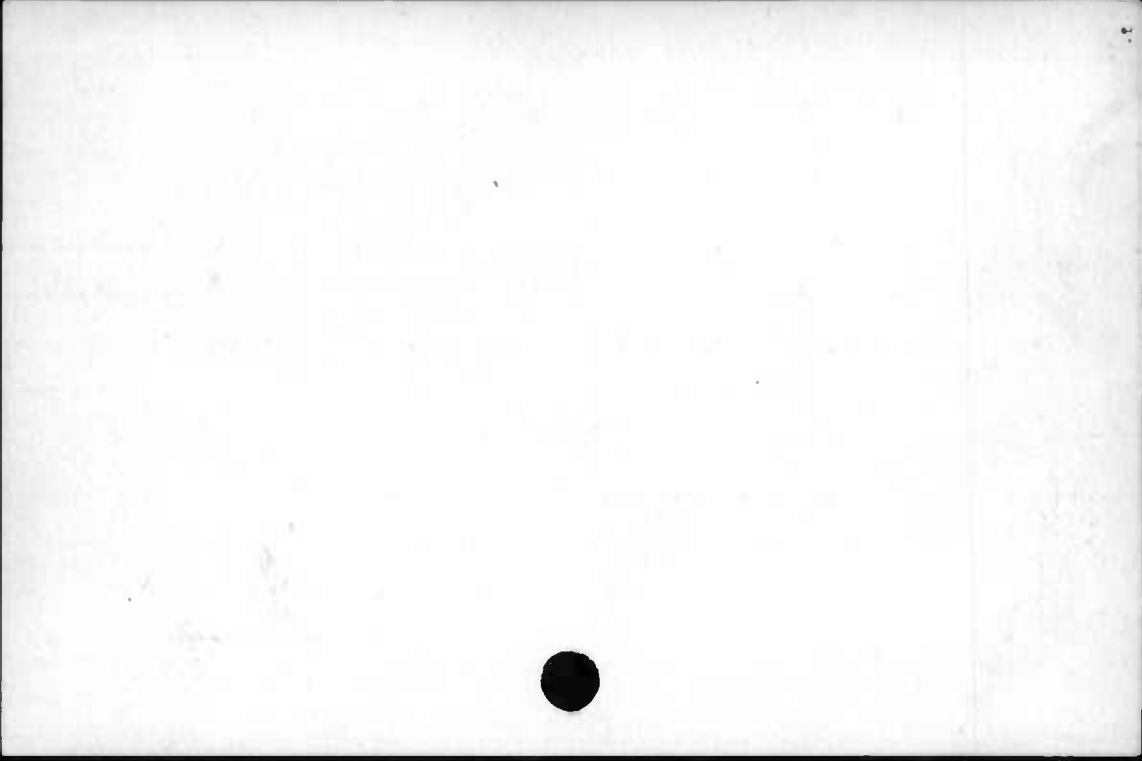
yes?

Signature of Physician

Address

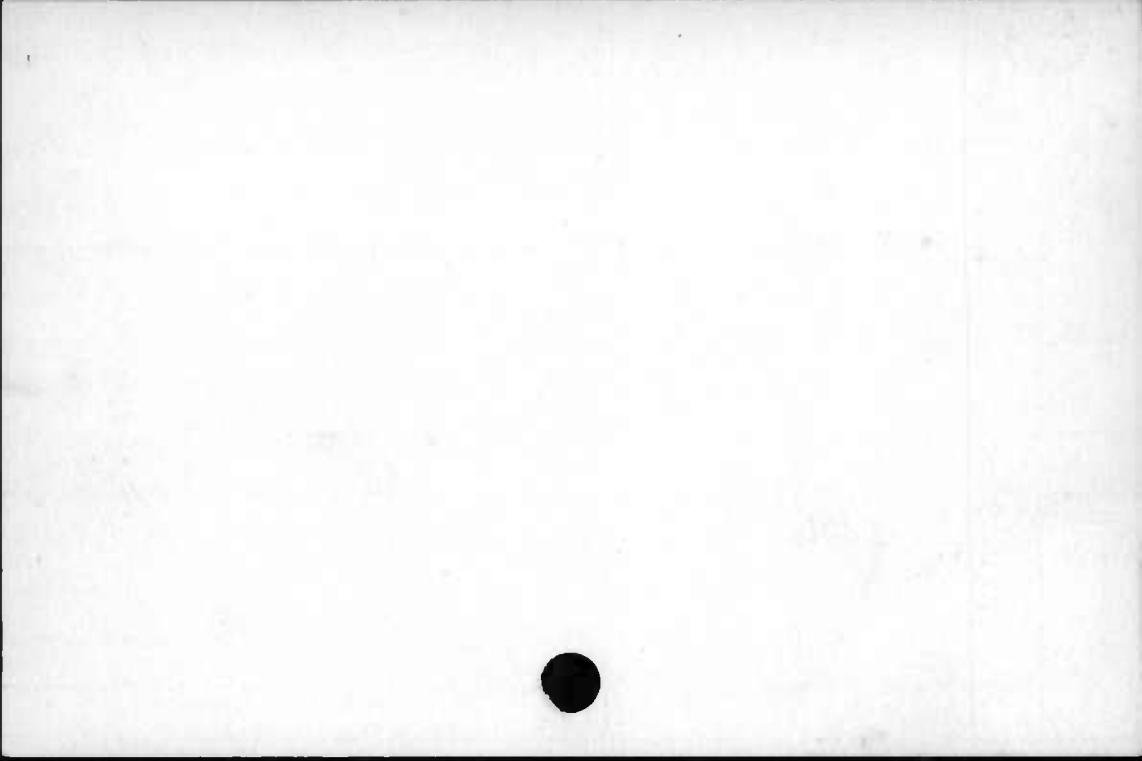
Geo. H. Fodt  
Salisbury Md

Accident or Suicide?





Name in Full		Certificate of Death			
Mary E. Parsons		Town Near Trango		County Wicomico	
Died at		Date of death		MAYLAND	
Month Dec		Day 20		Years 5-5-	
Sex Female		Color or Race White		Birth-place Wicomico, Co	
Occupation Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of <del>Wife</del> Husband Edwin Parsons			
Father's Name Theodore Parker		Father's Birthplace Wicomico, Co			
Mother's Maiden Name Parsons		Mother's Birthplace "			
Name of person giving information S. H. Wimbrow		How related to deceased None			
CAUSES OF DEATH					
Primary No Doctor		How long A long time			
Immediate Cause of death supposed to have been		How long Consumption			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. C. Hill			
If so far as I can learn,		Address Undertaker Salisbury Md.			
Accident or Suicide?					



Name

in  
Full

Bethena Petrus

## CERTIFICATE OF DEATH

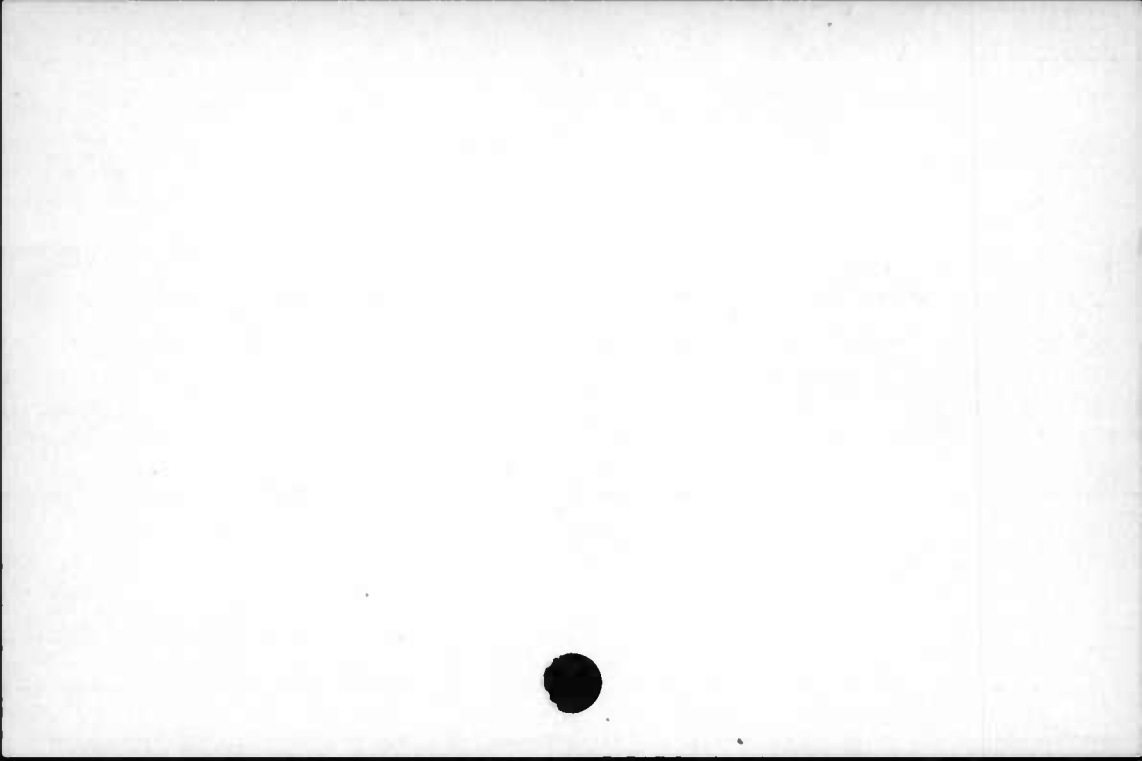
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tony Tank</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Dec.</i>	Day	<i>22</i>
Age		<i>4</i>		Years	<i>4</i>
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Wicomico Co. Md.</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		<i>[Signature]</i>			
Father's Name		<i>Columbus Petrus</i>		Father's Birthplace	<i>" " "</i>
Mother's Maiden Name		<i>Mary H. Toadvine</i>		Mother's Birthplace	<i>" " "</i>
Name of person giving information		<i>Robert E. Lotman</i>		How related to deceased	<i>None</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>They had no Doctor</i>	How long	<i>very short time</i>
Immediate	<i>Supposed to have been group</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Geo. E. Hill</i>	
<i>So far as I know</i>		Address	
		<i>Undertaker</i>	
Accident or Suicide?		<i>Salisbury Md.</i>	



Name  
in  
Full

George W. Phipps

## CERTIFICATE OF DEATH

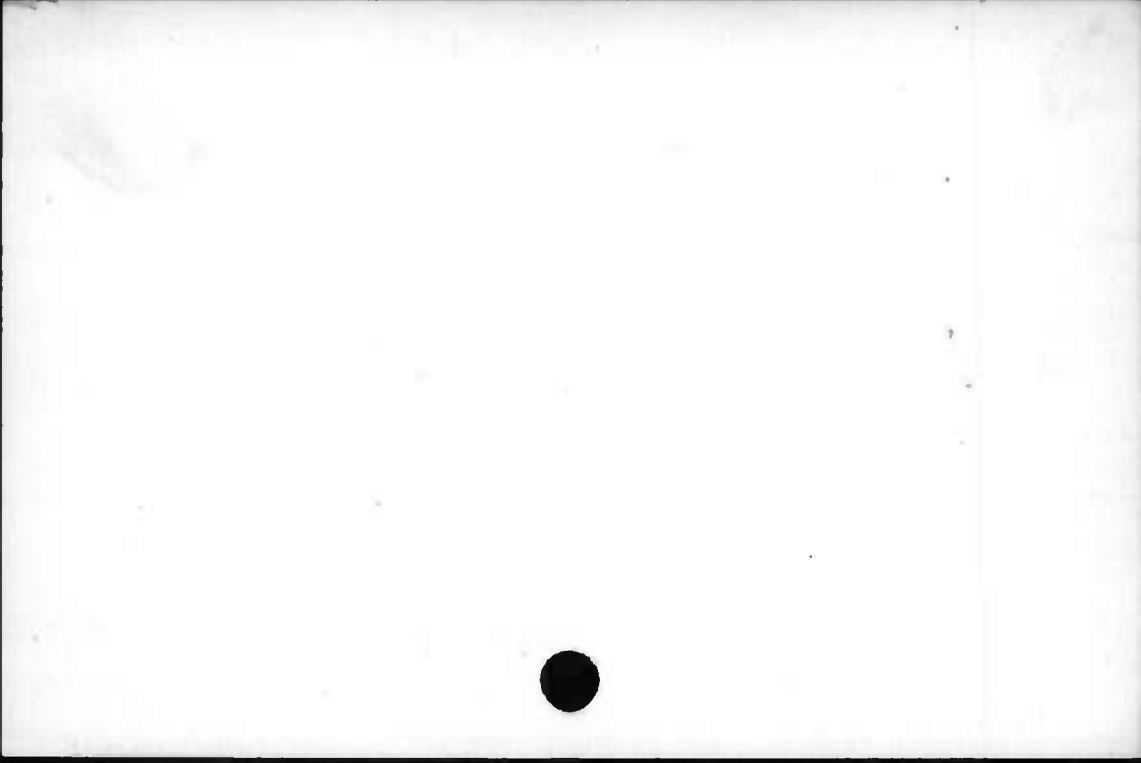
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Salisbury		County		Wicomico		MARYLAND	
Date of death		1906	Month	Dec.	Day	29	Age	63	Years
								Months	0
								Days	8
Sex		Male		Color or Race		White		Birth-place	
								Wicomico Co. Md.	
Occupation				Jeweler		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Mary A. Phipps			
Father's Name		John E. Phipps		Father's Birthplace		Wicomico Co. Md.			
Mother's Maiden Name		Moran		Mother's Birthplace		" " "			
Name of person giving information		W. W. Mitchell		How related to deceased		Son in Law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Emphysema	How long	2 years
Immediate	Renal & cardiac insufficiency	How long	few weeks
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Louis C. Edmunds	
Address		Salisbury Md	
Accident or Suicide?			



Name  
in  
Full

Elizabeth Anna Stevens

## CERTIFICATE OF DEATH

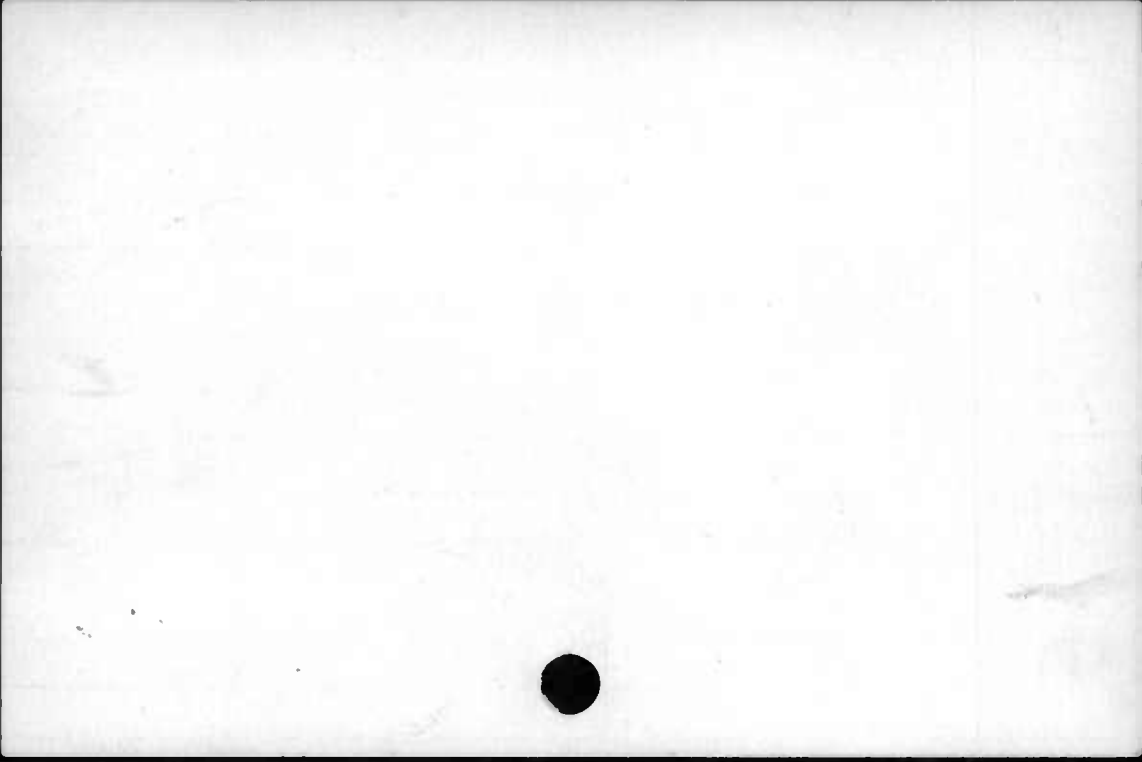
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Dec.	2nd.	Age 65	8	3	
Sex	Female		Color or Race	White		Birth-place	Salisbury Md.
Occupation	Housewife		Where Residing if not at place of death		[Signature]		
Married, Single or Widowed	Married		Name of Wife or Husband	Samuel A. Stevens			
Father's Name	Geo. W. Serman				Father's Birthplace	Sussex Co. Del.	
Mother's Maiden Name	Maria L. Leonard				Mother's Birthplace	Somerset Co. Md.	
Name of person giving information	B. E. Stevens				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Central Hemorrhage	How long	3 weeks
Immediate	Coma & heart failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		[Signature]	
Address		Salisbury Md.	
Accident or Suicide?			





Name

in  
Full

Louisa Tilghman

## CERTIFICATE OF DEATH

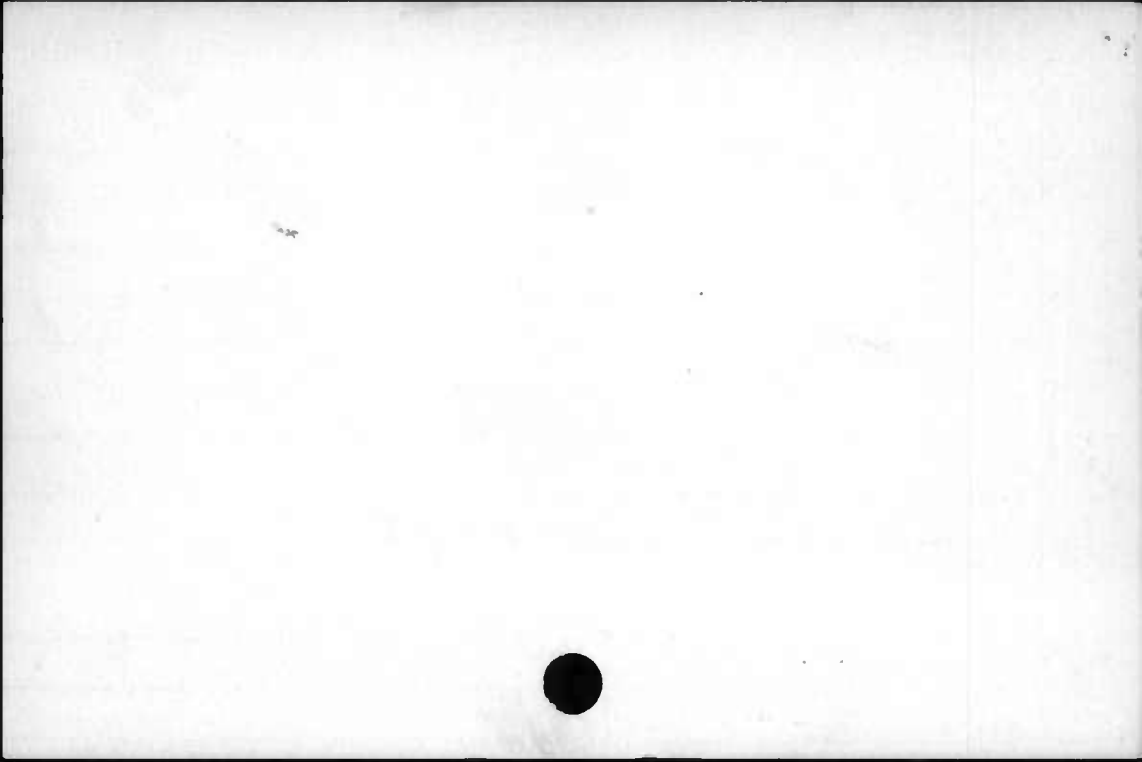
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pear Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Dec</i>	Day <i>30th</i>	Age <i>79</i>	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Noah Tilghman</i>				
Father's Name <i>Daniel Matthews</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Peter H. Dykes</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atherosclerosis</i>	How long <i>1 year</i>
Immediate <i>Syncope</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		County <i>Morris</i>		MARYLAND	
Date of death <i>1906 Dec.</i>	Month	Day	Age <i>about 45</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Do not know</i>		
Occupation <i>Do not know</i>		Where Residing if not at place of death <i>Do not know</i>			
Married, Single or Widowed <i>Do not know</i>	Name of Wife or Husband <i>Do not know</i>				
Father's Name <i>Do not know</i>			Father's Birthplace <i>Do not know</i>		
Mother's Maiden Name <i>Do not know</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Motoring.</i>	How long
<i>Found in river drunk Jan 1907</i>	How long
Immediate <i>A wound</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edmund Jones Jr. (Cor.)</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide? <i>Accidental Drowning.</i>	

